

# Damaged Document(s)

**ARIZONA STATE DEPARTMENT OF HEALTH**  
DIVISION OF VITAL STATISTICS

(This return should preferably be made by the person who made the original) **SUPPLEMENTARY REPORT OF BIRTH** County Registrar's No.\*.....

Place of Birth Pima County Graham No. .... St. ....  
(Registration District)

SEX OF CHILD <u>7</u>	Twins Triplet or other <u>x</u>	and	Number in order of birth <u>6</u>
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DATE OF BIRTH March 18 1923  
(Month) (Day) (Year)

FATHER  
FULL NAME Wm Kerby

MOTHER  
FULL MAIDEN NAME Mary Lillie Farley

I HEREBY CERTIFY that the child described herein has been named  
Bess Kerby (Give name in full) Kerby (Surname)  
Mary Lillie Farley (Parent's Signature)  
\_\_\_\_\_  
(Signature of Physician or Midwife)

\*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar  
10M-6-42-Bower Co.

928 318-468